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COMPARATIVE MERITS OF INCISION AND DILATATION OF THE
MOUTH OF THE WOMB IN CASES OF DYSMENORRHOEA, &c.

[Read before the Boston Society for Medical Improvement, August 27th, 1866.]

By D. HUMPHREYS STORER, M.D.

EVERY member of this Society must have often been impressed with the tendency which exists in the profession to be unduly influenced, I might, perhaps, with propriety say *overawed*, by the opinion of those who have attained a commanding position in our ranks. This tendency I consider an exceedingly unfortunate one—it destroys self-reliance, individuality; it prevents the physician from faithfully performing his duty; inasmuch as he yields his dearly bought and invaluable experience to the decided, oracular dicta of others. However much we should value and endeavor to profit by the instructions of our fellow-laborers, we should never be willing to relinquish our own convictions, unless satisfied we are in error; until it is clearly shown that the course we have pursued, and are still pursuing, is erroneous. These thoughts have been suggested by the following circumstance. Since our last meeting, a gentleman called upon me with his wife, who desired my professional advice. She had been an invalid for some length of time, complaining more particularly of dysmenorrhœa. I carefully examined her condition, and found she had a retroflexion of the uterus, the body of the organ being so completely bent upon the commencement of the neck as to cause almost a complete obstruction of the cervical canal—admitting the passage only of a very small metallic dilator. I told the husband what derangement existed, and the course which should be pursued to remove it; that I should advise the introduction of sponge-tents to produce dilatation, and, when this should be accomplished, the wearing of a stem-pessary until the distortion should be permanently overcome. He at once told me that Dr. —, who had seen his wife, stated that the plan I now suggested would *formerly* have been pursued—that it was not now, however, practised by the profession, but that *incision of the neck* was the only approved method.

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As the physician referred to has been a practitioner for quite a number of years, and consequently must have seen a greater or less number of cases similar to the one now spoken of, he evidently in this instance tacitly yielded his opinion to the *weight of authority*.

I think he must have read an article on "Dysmenorrhœa, Metrorrhagia, Ovaritis and Sterility, depending upon a peculiar formation of the Cervix Uteri, and the Treatment by Dilatation or Division," which was published in the last volume of the *Transactions of the Obstetrical Society of London*, by Robert Barnes, M.D., President of the Society, and also that he must have coincided with the remark of Dr. Marion Sims, made at the meeting at which that communication was presented, "that that Society must be taken as the representative of professional opinion on any subject falling within its domain." Now, however willing we may be to admit the value of the *Transactions* referred to, we are unwilling to allow the infallibility of any, even of the *most distinguished* of that Society. And even at the meeting referred to, it was evident that no little diversity of opinion existed between Drs. Barnes, Baker Brown, Greenhalgh, Routh, Savage, Hewit, Wyner Williams and Sims, as to the location of the obstruction in dysmenorrhœa, and the local treatment, whether by dilatation or division.

Thus, Dr. Barnes considers the "seat of the obstruction," to use his own words, "almost invariably at the os externum. The obstruction is due chiefly to the *small, round os itself*; partly to the pointed, elongated form of the lower part of the vaginal portion, and partly to an unusual rigidity of structure of this part, which impedes the expanding action natural to the healthily formed os uteri."

Mr. Baker Brown, on the contrary, differed from Dr. Barnes as to the seat of the stricture; he believed it to be in the *cervix itself*, generally accompanied by narrowing, contortions, and reflexion of this canal—the results of inflammation.

Dr. Greenhalgh considered, from a long experience, that in a great majority of cases the stricture exists *at the internal os uteri*.

Dr. Routh coincided with Dr. Greenhalgh.

How utterly absurd to allow our judgment upon *this point* to be swayed by the opinions of either of the gentlemen above quoted, when the experience of every week assures us that the obstruction referred to may, and *does*, exist at any point from the outer to the inner os uteri.

But especial reference I would make as to the manner of *overcoming this obstruction*, wherever it may exist.

Drs. Barnes, Baker Brown, Greenhalgh and Sims, strongly advocated the employment of the metrotome or hysterotome; that a free incision be made; and Dr. Greenhalgh urged that the *internal os* should be dilated as well as the external os.

In other words, after the profession have for a series of years considered that, in the vast majority of cases, a contracted, *an almost*

impervious os and cervix uteri may be dilated, and in many instances the suffering produced by this impediment removed by the employment of metallic dilators or sponge-tents, we are told by the President of the Society referred to, that "*incision* is now considered not only as justifiable, but as the *only efficient and permanent remedy* for dysmenorrhœa." Mr. Baker Brown, Drs. Greenhalgh, Routh and Sims appear to have coincided with this view of the subject.

And why is this plan so strongly advocated? Dr. Barnes says:—"Hæmorrhage, pyæmia, cellulitis, peritonitis, have undoubtedly followed dilatation; and it is certain that in many cases, however good the dilatation effected by bougies or tents may appear at first, it is *not of long duration*. I suppose there is no dilatation by instruments more powerful than that effected by pregnancy and labor, yet after giving passage to a full-grown child, the peculiar cervix will sometimes completely resume its old vicious form."

Mr. Baker Brown agreed with Dr. Barnes "that *dilatation* was an *inefficient* and only temporary remedy for dysmenorrhœa arising from the stricture of the canal."

Dr. Routh "had seen *cellular abscess* and *death* follow the use of sponge-tents."

We remember having seen, in some New York journal a year or two since, similar remarks to have been made by Dr. Fordyce Barker and others respecting the employment of *sponge-tents*; that they had seen injurious results produced by their employment. It would be presumptuous in the extreme for me to doubt the statements of these gentlemen; I believe they stated the truth; I allow all they utter may occur. But is any known remedy *always* reliable? Is any known operation always successful? Is not an invalid sometimes *made the sicker* by the dose administered? the suffering one made *permanently* a sufferer by the surgeon's knife? May not some of the evils thus produced by sponge-tents be unnecessary? May not the time at which they are introduced, the size of the tent, the manner of its introduction, influence the effects produced? Not unfrequently, particularly in hospitals, this operation would be advised by the attending physician, but be performed by a less skilful hand, even by a nurse. Should there be an unusual excitement of the parts, such as frequently exists just preceding or following a menstrual period, it would of course be contra-indicated. The size of the tent is of great importance. We can readily conceive that a large tent, which is capable of being dilated to a great extent, should cause much distress at the moment of introduction, and produce long-continued and serious constitutional derangement. The operation itself may be improperly performed. If, instead of being carefully introduced, and the effects produced being watched, the dilator is carelessly, roughly, unfeelingly forced into the sensitive parts, suffering to a greater or less extent must inevitably be produced. This is self-evident. From a somewhat extensive employment of sponge-tents during the ten past

years for the treatment of dysmenorrhœa and sterility, I have formed conclusions different from those of the gentlemen of whom I have spoken. I have not unfrequently been disappointed in the result hoped for. The local obstruction has almost always been overcome by the long-continued, persevering employment of the dilator; but the opened canal does not always remove the condition thought to depend upon its closure—dysmenorrhœa and sterility still remain. I have, however, never seen the ill effects spoken of from the employment of tents. I cannot recall a single instance where more than a few hours' inconvenience has been produced; and in such cases the expanded sponge, when removed, has proved to have been originally much larger than it was supposed to be—showing that he who employs these tents should be acquainted with their uncompressed dimensions. My experience has taught me, then, that these contractions, however firm they may be, may almost invariably be overcome. The physician need not feel that the part is undilatable because the application of three, or five, or half a dozen tents does not overcome it; in a case occurring in my practice about a year since, *eighteen* sponge tents were introduced at intervals of two and three days before the canal was opened. My perseverance was rewarded by the perfect relief of the patient. I could point, were it necessary, to several cases where, after years of sterility, the sufferer has been relieved and borne children, and in the intervals in their childbearing have suffered no dysmenorrhœa. I have repeatedly seen cases of dysmenorrhœa remain relieved for years, and known no return. In a word, I have relied upon dilatation to relieve these affections, and whatever opinions may be advanced by others, so long as I feel we have a remedy from which we can confidently expect relief, and very rarely observe any injurious effects, I shall feel it my duty to employ it.

That cases do occur where the difficulty *cannot* be removed by dilatation, there can be no question; but "that incision is the only efficient and permanent remedy (in most cases) for dysmenorrhœa," I unhesitatingly deny.

Let us for a moment look at the method proposed. Those who advocate it should of course be satisfied that it has superior claims over the means now employed. I have thought the ill effects produced by *distension* might be occasioned by want of care; but those arising from incision *may* follow the operation of the most skillful surgeon who advises it, when the metrotome cuts through the walls of the *inner os*; and Dr. Barnes states, to employ his own language, "there is no doubt that the surgeon has actually cut through the substance of the uterus, and wounded the plexus of vessels outside; hence severe and dangerous hæmorrhage has ensued, and inflammation of the peri-uterine tissues." And even supposing the operation should be successfully performed, it is acknowledged by Dr. Routh, one of its advocates, "that such an amount of contraction frequently exists as to render it necessary to have a dilating substance worn

for a considerable length of time to prevent its perfect occlusion"; and Dr. Williams observes that "oftentimes no relief is afforded. He had seen a patient whose cervix uteri had been slit up on both sides, forming two large protruding lips, without affording any relief to the sufferer." Where the external os has been almost cartilaginous to the feel, I have overcome the obstruction with the hystero-tome; but I have never attempted to divide the internal os. I cannot, however, recall the instance where it was required.

Fortunately for those who object to *unnecessarily experimenting* upon the os and cervix uteri, there were those at the meeting when Dr. Barnes read his paper, whose opinions coincide with ours upon this subject. Thus, Dr. Savage, Physician to the Samaritan Hospital for Women, who was in the habit of treating the severest cases of the character I have spoken of every week, assures us he never failed to remove the obstruction with the sponge-tent; and Dr. Graily Hewitt observed that where the cervix uteri was not hard and tense, he preferred to employ the tents as dilators. With these opinions Dr. Williams also coincided.

Enough has been said, I trust, to prove that the profession *generally* do not advocate the *indiscriminate incision* of the cervix uteri in cases of dysmenorrhœa; that the physician should yield his scientific opinion only when convinced of its error; that carefully-attested facts are of infinitely more value than the dogmatic teachings of the *highest authority*.

DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Continued from page 167.]

DR. E. HALE published a work on the spotted fever as it appeared in Gardiner, Me., in the spring of 1814. His account of the symptoms is very full and interesting. He noticed the sudden and violent manner in which it frequently made its attack, and the great variety in the symptoms. "In the earlier part of the epidemic period the disease always commenced with severe pain in some part of the body, which, if it did not begin there, soon extended to the head and back; and in a few cases the pain increased, till in a short time it produced a delirium. Later in the season, however, pain was a less constant symptom." "Besides the varieties of pain which I have mentioned, there was in several cases, during the first day or two, acute pain in the chest, accompanied by a cough and expectoration of thick mucus, often streaked with blood. Early in the season this symptom was pretty common, but afterwards it seldom appeared. The cough and expectoration were considerably common in cases where there was no pain in the thorax." Nausea and vomiting, thirst, chilliness and a weak, rapid pulse are mentioned among the symptoms.

He mentions a second stage, in which vomiting was the principal

symptom, the pain being in many cases removed. There was often a feeling of lightness about the head; diaphoresis occurred, and the countenance was less expressive of anxiety. The vomiting was obstinate and required remedies to control it.

His third stage was the comatose, in which the patient gradually became unconscious, and after a while it was impossible to arouse him; his breathing became stertorous and he died.

He does not seem to have met with many cases in which there remained, after the acute stage, the state of chronic ill health so often seen elsewhere.

He mentions seven or eight cases in which the lungs appeared to be more or less affected, but as no *post-mortem* examinations were allowed, it is impossible to say how far the disease of the lungs extended. It does not seem generally to have been severe, and was in each case, except two, attended with symptoms referable to the head.

Dr. James Davis, of Columbia, S. C., published an account of the disease as it appeared in that section of the country during 1815 and '16. He states that the disease commenced as an epidemic of common cold in November, 1815, was at its height during the middle of January, and had nearly subsided by the second week of February. Not a single case of a formidable nature occurred without a chill; after the chill there was more or less fever and pain in the thorax. The pneumonic form, with the usual symptoms, was the most common and prevalent. Next in frequency was the form with a determination of the disease upon the brain and meninges, with violent pain in the head, suffused countenance, redness of the eyes and delirium.

"In another form, the disease fixed on the bloodvessels only, in the form of a violent fever; and in the third, but in very few instances, there was a local determination to the throat, producing cyanche pharyngea."*

Under date of February 22d, 1815, Dr. J. Comstock wrote a letter to Com. Perry, which was published in the *Medical Repository*, New Series, vol. iii. Though it does not give a detailed account of the symptoms, it touches upon many points of interest. He considered the disease which prevailed at that time in the Southern States a modification of that which had for nine years been epidemic in various parts of New England.

His reasons for believing the two diseases essentially the same are:—"1st. The unity of period in which the disease first invaded. 2d. The complaint being aggravated in both sections of the country by bloodletting. 3d. Its being in both places a disease of great malignancy and mortality, at a very unusual season of the year, viz., in the winter—the greatest number of deaths happening in cold

* *Medical Repository*, New Series, vol. iii.

weather and diminishing at the approach of summer, contrary to most fevers, and just the reverse of what happens in yellow fever, a disease of hot weather, and which is checked by cold, and which, I may add, requires a very opposite method of cure. 4th. The case of Gen. Washington (who, he thought, died of the disease) shows the tendency of the complaint *there* to affect the throat from the first in a greater degree than here; yet a slight sore throat is thought by some accurate observers amongst us to be the most certain sign of the disease, and I have had several cases in which it put on the form of malignant sore throat."

"It is now proper to observe that very little uniformity has taken place anywhere in this very eccentric disease." "From different symptoms attending it, it has in different places been called by other names, as *spotted fever, pneumonia typhoides, typhus fever, cold plague, malignant pleurisy, cholera morbus, bilious pleurisy, palsy, dysentery, &c. &c.* And it is an acknowledged fact that it has attacked in almost every shape and form that any human malady ever assumed, among which I may reckon toothache, common cold or catarrh, sore throat, numbness, pain in one of the fingers, a sensation like the stinging of a bee, sudden blindness, a failure of senses, loss of the use of the limbs, convulsions, coldness, paleness and shrinking of the features, and, on the contrary, with fulness of the face and redness, sometimes with and sometimes without heat, rheumatism, &c."

"Sometimes a vomiting of a thin black matter, resembling soot-water, or rather bilge-water, takes place early or late in the disease, and denotes such a tendency to gangrene as leads to an unfavorable prognosis." "With this, sometimes without it, are pitch-like dejections, and often those of a bottle-green color, sometimes foaming, as though in a state of active fermentation. I believe from hence that in some places it has been denominated a violent bilious fever."

"In two patients, the vomitus resembled blue dye; more frequently of a green or bottle-green, and once claret. In other cases, nothing unusual in any of the discharges, and these were cases which yielded most readily to the stimulant treatment—viz., to bark, wine, opium and alcohol. Some other cases required stimulants for the first day or two, because the debility was extreme, and afterwards emetics and cathartics to cleanse the first passages."

"Morbid matter was not always brought up by vomiting, but in the worst cases by eructation or belching."

"There was a tendency to intestinal hæmorrhages, especially in 1810."

Dark, bloody and frothy matter, and sometimes small particles of the lungs, were coughed up. The fever was sometimes converted into complete mental derangement, upon cessation of which the fever returned."

It "seems difficult to find anything specifically diagnostic to distinguish it from other distemperatures. The pulse, however, is the

guide." "It may not always be quicker than it is in health, which is the case perhaps in all other fevers, and yet it is sometimes extremely quick, even to 130 or 140 in a minute. It may not at first seem much weaker upon a slight examination than the pulse of a person who is able to be about, although it is often very much so. But one thing in all cases is certain—viz., that it is easily compressible and always void of that *full, high, hard, resisting* beat, which is the plainest indication of inflammatory disease. The feeling of the flesh also has often something peculiar. It has a soft, flabby feel, somewhat like velvet; and if there is much heat, it is of a penetrating, prickly kind, instead of giving a burning sensation, like the skin of inflammation. The softness of the flesh has been noticed in dissections, the muscular parts having lost their tone, like meat that had been frozen and suddenly thawed. It is from hence that there is a tendency to those effusions which constitute danger and cause death, and which seems to be in that particular part, as we suppose, in which the loss of energy is greatest. If this be the brain, the consequence of the effusion may be apoplexy, palsy or convulsions; if in the thorax, symptoms like pleurisy and peripneumonia; if under the skin, spots; if in the throat, swelling, even to strangulation, or a sudden sphacelation; if in the stomach, it may be so abundant as to waste the body with marasmus, accompanied with puking or diarrhoea."

"That particular form of the disease which affects the lungs may have its origin from effusion into that viscus, with cough and bloody expectoration, and perhaps some peculiar symptoms which may have given rise to the appellation of *lung fever*."*

In 1815, Dr. Joseph A. Gallup published a work on the "Epidemic Diseases in the State of Vermont." He devotes a portion of this to spotted fever. His account of the symptoms agrees in most respects with what has been already given. "The eyes are generally dull and heavy, inclining to shed tears without being conscious of it." "The lungs are pressed with blood, but seldom any cough. Respiration is often laborious, and patient inclines to be quick of speech." "The region of the heart is sometimes the principal seat of the disease, and not so violent in the head." "The eruption which has given name to this disease, is not a constant attendant." "It was very common for relapses to occur, or for the disease to be repeated, after the patient had returned to his ordinary employment." He does not mention the pneumonic form, though his next article is devoted to peripneumony, in which he says:—"The disease of 1811 and 1812, called petechial fever, and the present epidemic, seem to have many things in common." "The chief difference seems to consist in the locality of the principal affection."

The *post-mortem* appearances were those so often observed in other

* Medical Repository, New Series, vol. iii.

places where the head was affected—congestion and exudation. "The thorax exhibits similar traits of membranous inflammation. The heart is most commonly the seat of its greatest violence, when the seat is in the thorax; the small bloodvessels seem beautifully injected." "The outer coat is frequently covered with extravasated lymph of different degrees of consistence or firmness." The pleura was also at times inflamed.

In considering these various accounts of the epidemics of 1812-16, we see that in many of them the symptoms differ from what was seen before and from what we witness at the present time. The question arises, is it the same disease in both cases? There is not only a difference in the particular organ affected, but in many cases the grade of action is different. In some places the fever ran high, with a full, hard pulse, and depletion was useful; in others, the pulse was small and weak, or if full was easily compressed and soft, and depletion was rather injurious. In some places the head was not at all affected; in others, the lungs were entirely free. Were they, then, the same disease?

Dr. Hunting Sherrill, in an address before the Dutchess County Medical Society, delivered in November, 1819, speaking of the diseases which had prevailed in the County during the previous ten years, says:—"We met with cases putting on nearly the character of usual phlegmasial fever; and we saw it receding from that, through the varied grades of excitement, to the typhoid state of disease. It may now readily appear why the disease was called and described by the different names of peripneumonia, peripneumonia notha, peripneumonia typhoides, bilious pleurisy, bilious fever, typhus fever, spotted fever, and many others, either of which was probably more correct than the delusive ones of *typhus fever* or *spotted fever*." And so it was elsewhere, the disease took varied forms and degrees of action; in one person being a frank open fever with quick, hard pulse; in another being essentially asthenic; and both occurring at the same time and in the same place. The affection of different organs was also noticed at the same time, in the same place; even in the same individual both forms were seen. Dr. Gallup says, "Neither of the diseases was strictly confined to one of these parts or the other (head or lungs). When most in the head, the diseased affection would be slightly traced in the thorax; and when in the thorax, some could be traced in the membranes of the head."*

It may be worthy of notice, that when the lungs were affected the fever was more severe and had more of a sthenic character, than when the brain was the principal seat of disease.

Both forms occurred during the same years and during the same season, being most frequently seen in the winter; both occurred in the same immediate vicinity; both were acknowledged to depend on

* Epidemics of Vermont.

the same causes—atmospheric changes, assisted by fatigue, cold, wet and other debilitating influences; both required nearly the same treatment, allowance being made for the greater debility in one than in the other; symptoms peculiar to each occurred in the same individual; the symptoms which were not strictly local were similar in each; both were marked by the peculiar erratic character of their symptoms; they were recognized and spoken of by many able practitioners, who saw and treated cases of both, as only different forms of the same disease. Hence it may be safely concluded that the two forms we have been considering are only different manifestations of the same complaint.

It will not be necessary to consider so minutely the symptoms observed in succeeding epidemics, as they are not materially different from what has already been recorded.

In 1816 and '17, the disease we are considering appeared in various parts of South Carolina, in Salem County early in 1816, and in Claremont during the winter of 1816–17; from 1818 to 1822 it was seen in Mecklenburg, Lunenburg, and Brunswick, Va.; in some parts of the Western States during the spring of 1819, and also in North Carolina and the mountainous parts of Virginia; in 1821 in Franklin County, Penn.; in 1823 it was recognized at Saco, Me., Berlin, Conn., in the Shenandoah Valley, Va., and possibly at Marietta, O., though the account of that epidemic is not very satisfactory. In 1823, '24 and '25, it was seen in the vicinity of Middletown, Conn., also in some parts of that State in 1826, and likewise at New Orleans and Fort Adams; and in 1827 in Trumbull County, O. In 1832, sporadic cases occurred at New London, Conn., which in many respects resembled this disease; there was extreme exhaustion and great sinking at the epigastrium; a chronic state of debility and nervous exhaustion frequently remained after the attack. There is no mention made of this disease from that date, till in 1845–46 an epidemic prevailed in Clark County, Ill., called "black tongue," thought by Dr. McCoy to be cerebro-spinal arachnitis on account of the post-mortem appearances. In the early part of 1847 it was seen in Mississippi, Tennessee, Missouri and Arkansas, and "resembled a modified pneumonia;" in the winter of 1847–48 at Washington, D. C. Dr. Ames has given a very interesting account of it, as it appeared in Montgomery, Ala., during the winter and spring of 1848. He saw cases which were attended with inflammation of the fauces; others with pneumonia; and two patients had at the same time roseola, which was then prevalent. Dr. Sargent read a paper before the Massachusetts Medical Society on this disease as it manifested itself in Millbury and Sutton during 1849; it was also noticed, the same year, at Mecklenburg, N. Y. Again, a few cases were seen in New Orleans during the last days of January, 1850; in central and western New York during 1857, as recorded in the Transactions of the New York State Medical Society, for 1858. In October, 1859,

there commenced an epidemic at Castle Craig in Virginia, which continued nearly a year. Dr. R. T. Lemmon, who gives a report in regard to it, considered it to be dengue, but the severity of the disease was much greater than is usual in that complaint, and the symptoms seem to more nearly resemble cerebro-spinal meningitis.

One symptom is more fully described by Dr. Miner than by any other American writer. In a little work on the Spotted Fever of New England in 1825, he speaks of the variations in the pulse, finding it usually less rapid than in health; in less than twelve hours he found it to vary from 40 to 130. He describes the symptoms usually seen, and speaks more fully than most of the peculiar sensation in the region of the stomach. "A very prominent symptom which occurred in some degree in almost every instance even in mild cases, and probably without exception in all the severe, and happened in every stage, sometimes constituting the first access of the disease, consisted of paroxysms of subsidentia or a death-like sinking sensation in the epigastrium, sometimes very distressing, attended with coolness or numbness of the skin, and lividness of the extremities." Subsidentia is also mentioned by Dr. Keit, in an account of the epidemic in Trumbull County, O., about 1827: *

The earliest records of the late epidemic, which I have been able to find, are during the winter of 1861-62, when it was seen in the army of the Potomac, and in Livingston County, Ind. In the fall of 1862, it appeared among the negroes who were taken to Memphis, Tenn., by the Union Army; and one or two cases were met with among the soldiers in the vicinity of Newbern, N. C.; during the winter of 1862-63, and spring of '63, it appeared in La Grange County, and other portions of northern Indiana, at Newbern, N. C., during January, February and March; and during those months and also April, at Newport, R. I., among the midshipmen at the Naval Academy; in February and March it was seen at Philadelphia, and during the latter part of the year at Cambridge, O. During the two successive winters of 1862-63 and 1863-64 it was epidemic in Morgan County, Ill.

The year in which I have found the largest number of accounts of this epidemic is 1864. During the winter of 1863-64 the negroes at Memphis were again visited by it, and during the same winter and succeeding spring, Darwin in the southern part of Clark County, and York in the northern part of Crawford County, Ill.; in the north-western part of Pennsylvania and parts of New Jersey it was noticed during this year, and also in 1862 and in 1863; only a few cases occurred around New York. During January it was in Brattleboro', Vt., during January and February in Philadelphia and at Benton Barracks, near St. Louis, Mo. During March it was seen in Brandon and St. Albans, Vt., and Louisville, Ky., and during Jan-

* Medical Record, vol. xiv.

uary, April and March, cases were seen in Boston, Mass.; during May at Chicago, at Leland and in Williamson County, Ill.; during the last part of July three cases occurred at the Stanton General Hospital, Washington, D. C. In October, Mechanicsburg was visited by it, and in November, Marshall, Ill., and during the latter part of the year, St. Paul's, Ind. During the winter of 1864-65, a few cases were seen at the City Hospital, Boston; in January, 1865, at Greenwich, and in April at Palmer, Mass.; in the latter month at Kewana, Fulton County, Ind., and early in the year at Palestine, near Indianapolis, Ind.; in May at Nittany Hall, Penn. From September 1864, to May 1865, this disease appeared among the troops on Gallop's Island, Boston Harbor, Mass.

During February, 1866, Dr. D. W. Cheever, of Boston, had charge of a case of this disease.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JUNE 11th.—*Brachial Artery ligated for a Stab; Mortification; Secondary Hæmorrhage, and, finally, Amputation.*—Dr. CHEEVER reported the case.

A man, aged 33 years, was brought to the City Hospital, having been stabbed in the arm just above the elbow. The knife had gone completely through the limb, severing the median nerve and brachial artery. Before coming to the Hospital, the artery had been tied about two inches above the wound. Sensation was diminished throughout the portion of the limb supplied by the median nerve. The temperature remained normal till the fourth day, when sloughing began in the wound from the operation, and the arm was decidedly colder than the other. The sloughing also attacked the wound from the stab, and gradually increased. On the seventh, eighth and ninth days, there were several hæmorrhages from the two wounds, mostly from the upper one. After consultation, an exploratory incision was made, which disclosed a large gangrenous cavity containing a clot of considerable size, the soft parts in the neighborhood being infiltrated with pus. The arm was immediately amputated. On examination, the brachial artery was found partially cut across in the original stabbed wound, both ends being open. The median nerve was divided completely at a corresponding point. The brachial was occluded at the seat of its ligature, but no clot was found.

JUNE 11th.—*Unsuspected Fracture of the Femur into the Condyles.*—Dr. CHEEVER reported the case.

A boy, 17 years old, was brought to the City Hospital, having been run against by a wagon and his right knee injured, while riding horse-back, seven days before. For three days after the accident, he walked about upon the injured leg, but since then had been obliged to keep

his bed. There was a diffused redness and swelling about the knee, extending up the thigh, and a phlegmonous swelling in the popliteal space. He was made as comfortable as possible, and for several days there was some improvement. On the fifth day there were symptoms of general prostration, and there was a feeling in the thigh as if pus were forming. A stimulating diet was ordered, and poultices to the limb. The next day, an incision was made through the integuments to the fascia, then through the muscles below, and a large quantity of dark, oily and offensive pus was discharged. The probe detected a small place where the femur was denuded. For a fortnight after this he continued in a typhoidal condition, gradually growing worse; the knee became much more swollen and the discharge from the incision very offensive. The limb was carefully examined, while the patient was etherized, and the knee-joint found to be much swollen by an effusion, while dead bone could be felt all about the lower part of the femur. On consultation, it was decided that his only chance for life was in amputation, and it was accordingly done as soon as practicable.

On examination of the limb after its removal, the femur was found to be fractured into the condyles in the cancellous structure, and extensively diseased all around the shaft.

JUNE 25th.—*Cysticercus tenuicollis* in the Human Body.—Dr. HODGES reported the case.

A farmer, æt. 49, requested his advice for a superficial tumor, as large as a pullet's egg, situated on the axillary border of the right pectoralis muscle. It was discovered two months before, since which time it had gradually enlarged, and, within two weeks, grown tender and red. It was obviously, in part at least, a collection of pus, though its mobility, prominent and lobulated shape, and the density of the surrounding wall of lymph, were not features of an ordinary abscess. On incising it, a quantity of healthy pus was projected to a distance, and gentle compression expelled from its interior a thin-walled, translucent cyst, as large as a robin's egg, partially distended by its fluid contents, the size and appearances of which were suggestive of an echinococcus. On further examination, no other tumor or evidence of subcutaneous parasites were found. The patient stated that he had not been out of health, although he had noticed for six months a gradual loss of strength and flesh. His appetite had been inordinate, but his digestion was unimpaired. He had not been in the army, or eaten pork otherwise than is the custom in the country.

Dr. ELLIS having examined the specimen and determined it to be a cysticercus and not an echinococcus, the patient was inquired of as to having noticed any appearances in his stools which might be due to tapeworm. Although nothing of the sort had been observed, he was subjected to active purgation and the administration of kousso, but without result. It would seem, therefore, that the co-existence of cysticercus and tapeworm, occasionally noticed—patients infecting themselves and being the origin of their own cysticeri—was wanting in the present case. The patient's eyes, which presented some abnormal appearances, were examined by Dr. H. Derby. No other changes were found than those belonging to advancing years.

The apparently solitary development of this parasite in the case reported, and the contrast in size between it and specimens of *C. cellulose*, shown by the reporter to the Society in 1856, the largest of which

did not exceed the dimensions of a coffee-bean, find an explanation, perhaps, in the result of an examination, given below, made by Prof. J. Wyman, who considers the present as probably an instance of *C. tenuicollis*, the cystic representative of *Tænia marginata*, of which comparatively little is known.

Prof. J. WYMAN had examined the *Cysticercus*, and found it provided with four cups, or sucking discs, as in the true *Tæniæ*. The hooks had been partly displaced, and some of them lost; nine of them belonging to one now remained in their normal position, and adding a proportional number to the rest of the circle, the whole series would have contained sixteen. Only one hook, of a smaller size, remained to represent the second row. The bladder was about three fourths of an inch in length, and of a nearly spherical form. In size and shape it resembled *Cysticercus tenuicollis*; also in the number of the hooks. The hooks were, however, smaller than in this species, and resembled those of *C. cellulosæ*; but in this last the number of hooks in each row is twenty-two to twenty-four, instead of sixteen. The locality in which Dr. Hodges's specimen was found corresponds with that of *C. cellulosæ*, *C. tenuicollis* being almost invariably found beneath the serous membranes, especially of the abdomen. The specimen in question does not agree with the cysticercus of either of the species commonly infesting the human body, but probably belongs to some species normally infesting some animal, and has "strayed."

Dr. Wyman also stated that he had found a *Cysticercus tenuicollis* on a butcher's block in Cambridge, which the butcher assured him had just been taken from the inner surface of a loin of veal.

JUNE 25th.—*Death from Suffocation in the Vault of a Privy.*—Dr. CHEEVER reported the case.

A man, aged 24 years, was engaged in emptying a vault, when one of his companions fell in, and in trying to rescue him he also was precipitated into it, there being about six feet of contents remaining in the vault at the time. Four in all were overcome by the poisonous gas as they descended to aid their unfortunate friends. Some time elapsed—very near an hour—before they were finally drawn out. As soon as taken out they were washed, wrapped in blankets, and stimulated largely with carbonate of ammonia.

The patient and his brother were brought to the City Hospital; upon arrival he was semi-conscious, tossing about and uttering a moan with each expiration. The face was livid, the lips and ears were quite blue, the skin was cold and mottled with purpuric spots, the pulse was very rapid and irregular. Respiration was rapid and moaning.

Artificial heat was at once applied to different parts of the body and the stimulation by carbonate of ammonia continued, and brandy was given by the rectum.

Soon he seemed to revive a little, the pulse improved; he raised his head and tried to vomit, and even uttered one or two articulate sounds; but this improvement was only transitory, for soon he expectorated bloody mucus, the face became more livid, and the respiration and pulse were weaker. This change was very sudden, and he grew rapidly worse and died in about an hour after arrival at the hospital. The electric battery and artificial respiration were used without success.

Twelve hours after death an autopsy was made. A great deal of

bloody serum had oozed from the nose and mouth. The face and upper part of the body was of a dark purple color; the rigor mortis was *very* great. The intestines were very much distended with gas, and the vessels upon their surface were injected and could be seen running in every direction. The stomach contained a small quantity of what resembled the liquid contents of a privy vault; its smell was particularly disagreeable. It should have been mentioned that just after death a fluid like this ran from the mouth of the patient.

The lungs were congested, the left more than the right, but they were every where crepitant. The bronchi were filled with bloody mucus. The right cavities of the heart contained blood, and the vena cava ascendens was immensely distended with blood which was very dark and fluid. The left side of the heart was empty. The head was not opened.

JULY 9th.—*Abdominal Cancer; supposed by the Patient to be Pregnancy in third to fourth Month; accompanied by Apoplexy of the Medulla Oblongata; Death in twenty-four Hours after Apoplectic Attack.*—Dr. COTTING reported the case.

Mrs. R., aged 40, mother of two children; last born five years ago. Thinking herself again pregnant, sought medical advice, middle of June last, for continued nausea and vomiting. Had passed the last three catamenial periods without the usual discharge.

Obtaining only partial relief, she again sent for me, Monday, July 2d. As her bowels had not been satisfactorily open for some days, a cathartic was directed as a preliminary to further treatment.

Tuesday, July 3d.—Cathartic operated several times, copiously; vomiting continues, distressing, but not quite so often. No pain anywhere; never has had any. Complains of great weakness, which is referred to frequent going up and down stairs and to extreme heat of weather. Has been about the chambers, but not down stairs for two days. Has been up this morning, but is now on the bed. Pulse 80, with strong impulse; intermits every seventh beat for a number of times, and then becomes regular for fifty or sixty beats.

On examining abdomen, found tumor of about the size of fourth to fifth month of pregnancy, but much to right side of median line; quite hard, irregular, and with unusual crepitations on pressure, as of the bursting of air-bubbles; not tender or painful. Has not had any pain in defecation or micturition. Urine, just passed, about a pint and a half, natural and clear, showing no change on being heated to boiling point.

After as comfortable a day as usual—about 6 o'clock, P.M.—suddenly, without the least warning, she fell into an apoplectic condition, becoming at once unconscious, and, apparently, completely insensible. The eyes were rolled upward; the pupils largely dilated. The pulse was slow, not over 75 to 80 a minute. The extremities became rapidly cold, and a cold sweat covered the body. The respirations were rapid, over fifty a minute; except when interrupted by a deep inspiration, which, more than once, seemed convulsively terminating in the last expiration. She continued in this way, except that on the following morning the eyes both turned to the right, and the coldness of the skin abated; and, again, in the afternoon, the position of the eyes became natural and the pupils contracted; the pulse rose to 130, and the skin became very hot.

Died, without struggle, at 6, P.M., twenty-four hours after attack.

Autopsy, twenty hours after death, by Dr. SWAN. The lower portion of the omentum was found adherent in several places to the abdominal walls, and a diseased mass in the true pelvis. Several folds of the small intestine were also attached to the mass by old-looking, but not very firm fibrinous exudations. The parts in this vicinity had a slaty hue, and were blackish from the presence of minute particles of pigmentary matter, like finely-powdered charcoal. The disease consisted in an aggregation of roundish tumors of different sizes, the largest of which, in the right inguinal region, was two or three inches in its longest diameter, somewhat kidney-shaped, and the most prominent object to palpation before death. The growths more than filled the normal spaces of the true pelvis, and were so closely packed that section presented a continuous surface. The rectum was compressed, though healthy; numerous scybala were found in the colon. The uterus could be dissected from the mass without injury; the internal surface of the bladder was entirely healthy, and neither of the named organs gave evidence that the disease proceeded from them. It is inferred by exclusion that, as the ovaries could not be found, they were the original seat of the morbid action. The pancreas was replaced by a series of similar growths, more or less massed together.

The disease was encephaloid in general characters. Section showed in parts a mottled appearance. There was a varying proportion of fibrous tissue, the pancreatic tumors having more of this element than those of the pelvis. The latter were in many places in a condition of softened granular degeneration.

Other organs not remarkable.

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BOSTON: THURSDAY, SEPTEMBER 27, 1866.

EXTRA-PHARMACOPEIAL PREPARATIONS.

THE Pharmacopœia of the United States contains, at present, 305 articles of *materia medica* on its primary list, and 75 considered of secondary importance. The number of its official preparations is 497. At the last revision, which was published three years ago, by a committee selected from the most eminent physicians and pharmacutists in the country, 55 medicines and 111 preparations were introduced for the first time. With this amount of material at command, does it seem possible that the physician can be at a loss for remedial agents in the treatment of disease? A glance at the returns of the Bureau of Internal Revenue would supply an answer to this question which, we fear, would astonish the advocates of rational medicine. The immense sums of money which have been acquired by the proprietors of patent medicines in this country and the great number and general use of these secret remedies are well-known facts. They are an index of that ignorance and credulousness on the part of the people which we as a profession so much deplore; but it is not to this class of remedies that we now allude. Within a comparatively few years there has grown up, to an alarming extent, a business which owes its success, in part at least, to these same qualities, modified and

otherwise termed, 'tis true, in ourselves. With us they are manifested by an irrational confidence in new remedies and an insufficient knowledge of the real physiological action of drugs, which lead us to seek in new combinations results which are equally to be found in the old or which are impossible. This weakness on our part has opened a field for pseudo-professional enterprise, which bids fair almost to rival the success of those who cater to the corresponding failings of the people.

The wise compilers of our national Pharmacopœia have given us, besides the standard articles of the *Materia Medica*, nearly five hundred medicines which can be easily prepared according to their directions by every competent dispensing druggist in the country. It is a duty we owe to therapeutics, to honorable pharmacy and to professional dignity, to adhere strictly to these official remedies in our prescriptions so far as possible. How far do we observe this obligation? In every large apothecary shop we venture to say there will be found an array of non-official preparations, equal in number to those authorized by the Pharmacopœia, and but slightly outnumbered by the secret and patent remedies offered for sale. The mail scatters broadcast over the country the announcements of manufacturing houses, with price-lists of new and special preparations and gratuitous information as to their therapeutical uses. Travelling agents insist upon leaving similar specimens at your office, with accompanying testimonials from physicians, and request the use of your name also in their favor. Illustrated catalogues in the finest style of typography are published for general distribution, and the last phase of the trade is the publication of a journal for the price of fifty cents a year, under a high-sounding title, in which, together with excerpts of a scientific character relating to chemistry, pharmacy and therapeutics, and presumptuous opinions on the physiological action of remedies from non-professional sources, the proprietors do not hesitate to state that they "have no inclination to disguise the fact that one object in establishing this journal is to call attention to our chemical and pharmaceutical products." It is not long since we read, in the report of the board of charities of a church in this city, a puff extraordinary of the preparations of another proprietor who had exhibited particular generosity in the distribution of his remedies among the poor of the parish. We believe no one has yet published an almanac, but we would suggest it for consideration.

Now all this is the result of our own indiscretion, for without the assistance of our profession not one of these establishments could exist a day. We do not mean to say that no physician should make use of a preparation which is not contained in the Pharmacopœia, for new remedies are often proposed which deserve trial and may be found worthy of a place in its pages. There are, moreover, trustworthy and competent men engaged in the wholesale manufacture of medicinal preparations, whose chemical and official products are justly esteemed for superior excellence. It is the sale and use of private remedies and novel combinations of endless variety which can possess no virtue not to be found in similar official preparations, that we object to. Not only are we contributing to confusion in therapeutics and medical literature, but largely also to the present uncertainty in our knowledge of the effect of remedies by such patronage. Is Dr. X., who allows his name to be used as a voucher for the efficacy of these preparations,

also sufficiently a chemist to be able to certify, as he indirectly does, to the honesty of the manufacturer? We have known several of these much prized extracts, syrups, &c., to be found wanting on analysis in the very principles to which they owe their popularity. We have even known drugs, stated by such parties to have been made according to officinal directions, to contain less than one-half the proper amount of their only active ingredient.

It is in this connection that we would refer to a very able paper on regularity and unity in prescribing medicines, by Dr. Hibberd, of Indiana, in the September number of the Cincinnati Journal of Medicine. It contains an allusion to a well-known house in this city, which will recall to mind a controversy which was carried on in this Journal a few years since.

"There is a fashion in this affair; and many of us, I opine, have no more substantial foundation for prescribing these preparations than that it is, for the time, professionally fashionable to do so.

"One year we run upon 'Compound Extract of Stillingia;' another upon 'Chemical Food;' a third upon the 'Hypophosphites;' a fourth upon 'Iron and Bark;' and just now an active effort is being made to introduce into this city another nostrum called 'Fluid Extract of Sarsaparilla with Iodide of Lime.' This last article may be an excellent remedial agent, but it is presented surrounded by the declaration that large numbers of the most eminent physicians have testified to its worth; by the promise that it is admirably adapted to the use of children in chronic diseases, and by all those special pleadings that nostrum makers know so well how to apply to cajole the public into buying their wares.

"This Iodide of Lime is one of the products of the laboratory of J. R. Nichols & Co., who have a very specious and Oily Gammon way of presenting their preparations to the profession. For some years this house has been making and vending an 'Elixir of Bark and Iron,' the great merit of which they claimed, was, that it contained the protoxide of iron, whereas it contains no such ingredient. Of this fact I have long been satisfied, but to fix the affair with chemical certainty, Dr. Weist, at my request, during the present week, examined a specimen that I presented him, and neither by the test paraded by the proprietors, nor by other tests, could any protoxide of iron be detected.*

"Within the last forty-eight hours, while I was preparing this paper, the travelling agent of this same house laid upon my table a circular, one side of which is devoted to puffing the iodide of lime, and the other side is taken up with an essay on 'Opium and its Alkaloids,' leading to the announcement that the Tinctura Opii Deodorata of the Pharmacopœia is an excellent preparation, but that its title is a misnomer, and that they prepare the article in a superior manner, and propose to vend it under the name of 'Infusum Opii Deodorata.' Such brazen impudence is past being tolerable, and ought to rule the house of its perpetrators from the catalogue of reputable pharmacutists, and prevent any of their preparations from being found in any respectable drug store."

* Dr. Hibberd has written a letter, received since his paper was presented, wherein he states that Dr. Weist has carefully examined a number of specimens of the preparation, and finds them to contain a proto-salt and a sesqui-salt of iron in varying quantities, the quantity of the one or the other salt probably depending upon the age and exposure of the particular specimen examined.

THE following letter has been handed to us for publication :—

} BERKSHIRE MEDICAL COLLEGE,
} Pittsfield, Mass., Aug. 30, 1866.

To the Directors of the New England Hospital for Women:—

LADIES,—The letter of your Secretary, dated Aug. 13th, and communicating to me certain action lately taken by yourselves, was duly received. I have delayed replying to it until the present moment, because I have thought the matter of such importance as to require mature reflection, and that I might act, whatever my decision, only deliberately and upon conviction.

By the vote, general though its terms, of your Board, the attending surgeon is directed, in certain cases of difficulty or danger, to submit his patients to examination by the attending and resident physicians, and, in accordance with their judgment of its necessity, to one or more of the consulting physicians or surgeons, whose decision shall in such event be final.

Compliance with your vote would of course relieve me of all responsibility in reference to the treatment of my patients, a responsibility which I could not in justice to them relinquish. It is not, so far as I am aware, the custom among hospital attendants, indeed it would be highly improper, for the decision of purely surgical questions to be submitted to the medical members of the staff. The decision ought not thus to be shifted, even in case it were proposed to do so by the surgeon himself; it surely ought not, as you would now have it, against his desire.

Moreover, the consulting staff, and this I believe to be the case at all hospitals, is attached to an institution not for the purpose of directing the practice of the attending physicians and surgeons, or of vetoing their practice, but to advise and suggest in cases where such assistance may seem required, and of this necessity the attendants themselves are alone to judge. It is not the physician's place to judge as to the necessity in surgical cases, nor the surgeon's to decide upon it in those that are medical. Consultations among medical men are not matters of compulsion; they are made upon the request of the patient or at the desire of the attendant. This is a point with whose merits I am somewhat familiar, having had occasion to discuss it when proposing to the profession the appointment of consulting physicians to asylums for the insane. It was decided upon vote, by the American Medical Association, representing as this does all the hospitals in the country, that the consulting staff are to be called upon only at the discretion of the attendant. So far as my own practice is concerned, if I have a doubt or require advice, I should submit the course I proposed to pursue to the consideration of a colleague, certainly not otherwise. I have no fear that the reput on of the hospital has suffered from any action of mine in this respect.

By your decision, a different course must hereafter be pursued. Either trifling cases, for which the hospital is not needed, can alone be admitted, or severer ones, coming for a certain definite purpose, must have it denied to them. Conformity to either of these alternatives would be alike incompatible with my own self respect, my duty to my patients, and the best interests of the hospital. I am therefore compelled to resign my connection with it. I have more than once, previously to the present time, felt that I was occupying a false and undignified position, as when you voted that no male students should be allowed the advantages I have felt it my duty to them to offer, and the duty of the hospital, as a charity, to extend to the profession at large, and when you ordered that in future no patients shall be admitted to the hospital save those paying their full expenses. By such restrictions the hospital has in reality lost its essential and only claim upon the sympathies of the community, and has been degraded below the level of an ordinary boarding house, where patients can at least obtain such attendance as they themselves may elect.

Having received my resignation, you may consider as gratuitous the remarks I am now to make, and may wish that they had been withheld. The connection that has existed between us has, however, been a public one. It has been severed by your own action, and the changed relation will become a matter of public comment. It is not improper, therefore, for me to say one word more.

Before accepting your appointment, I had for many years felt the need of a public hospital for invalid women; a need that still exists, for with all your large endowments and the promises that have been made to the community, your hospital is not in the proper sense a charity. It was chiefly the expectation that it would be made such that induced me, some three years ago, by identifying myself with it, to act contrary to the advice of many of my most respected professional friends, such gentlemen, for instance, as Drs. James Jackson, Jacob Bigelow, J. Mason Warren, and others of similar standing. As a mere aid to establish any individual reputations, or a means of compelling the success of a measure that was obnoxious to physicians generally, I should

not have given the hospital my countenance. That I have since discovered it to possess both these features, I cannot deny. Having connected myself with it, I was willing that incidentally, and only incidentally to the great end of affording a charity hospital for the diseases of women, the experiment of testing the ability of women to become fitted to practise as general physicians should continue to be tried. My position upon this question, as you may know, has been one of perfectly good faith. I have withstood alike entreaties, overtures, threats, from those who disapproved of my course; for, on the one hand, I have desired to do what little I personally could towards the real enfranchisement of woman, provided this were a means to such end; and, on the other, I have thought that by elevating the few women who might be better educated than the mass of those of their sex assuming medical honors and responsibilities and masculine appellations, our profession might be purged, to a certain extent at least, of many claimants utterly unfitted for its membership. Under these circumstances, I shall probably be allowed, both by those endorsing and those regretting my late position, to have had good opportunities for judging as to these questions.

Since receiving your communication, I have been better able than before to dispassionately consider and weigh the whole matter. You yourselves have freed me from the bonds that otherwise might have restrained me, at least from expressing, if not from forming, an unbiassed opinion. It is sufficient for me to say, that despite certain exceptional cases upon which so much stress has been laid, exceptions in every sense of the word, I think that the experiment has been a failure; and that were there no other reason than for a physiological one, perfectly patent, though its importance has been so much lost sight of, women can never, as a class, become so competent, safe and reliable medical practitioners as men, no matter what their zeal or opportunities for pupillage.

For certain of the professional ladies whom I have met, I have personally the highest respect and esteem. Miss Zakrzewska, the beauty and purity of whose life as already published to the world, I have long seen verified, may well challenge comparison in practice with a certain percentage of my own sex; Miss Tyng, now for two years my assistant in private practice, has such natural tastes and inclinations as fit her, more than I should have supposed any woman could have become fitted, for the anxieties, the nervous strain and shocks of the practice of surgery; and there are others not now officially connected with the hospital, whose names I would mention in terms of similar commendation. Such are however, at the best, but very exceptional cases, and I am driven back to my old belief, the same that is entertained by the mass of mankind, that in claiming this especial work of medicine, women have mistaken their calling; a belief that, contrary to assumptions that have been made by certain interested parties, I have found to be generally held by ladies of true refinement and delicacy, and by the majority of female patients, no matter what their station in life.

I make these statements deliberately, for they are of public interest. I make them with regret, for to some they will give pain. You yourselves have placed me where I could view the matter in a truer light than might otherwise have been possible. Many things have hitherto conspired to warp my judgment; the opposition and violent denunciations of former associates, the knowledge that to my own personal exertions has been owing much of your pecuniary success, and to my own professional reputation, whatever this may be, very many of the applicants for medical and surgical aid, and above all, my habit of never abandoning an experiment until it has been tried to my full satisfaction. The attainment of that point you have now assisted me in recognizing; and in yielding to the irresistible logic of facts, I thank you all for the many marks of confidence I have up to this moment received at your hands, and trust that you may find for my post a successor with as much sincere desire to render good service to his profession and to the suffering poor, as I think I may claim to have brought to it.

Yours very respectfully,

HORATIO ROBINSON STOREE.

DEATHS IN BOSTON for the week ending Saturday noon, Sept. 22d, 82. Males, 39—Females, 43. Accident, 1—apoplexy, 2—congestion of the brain, 1—disease of the brain, 1—bronchitis, 1—carbuncle, 1—cholera, 3—cholera infantum, 9—cholera morbus, 1—consumption, 10—convulsions, 1—debility, 1—diarrhoea, 4—dropsy, 1—dropsy of the brain, 1—dysentery, 9—exposure, 2—typhoid fever, 2—disease of the heart, 3—intemperance, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 7—necrosis, 1—old age, 1—paralysis, 1—puerperal disease, 1—smallpox, 2—teething, 2—ulcers, 2—unknown, 4—whooping cough, 3.

Under 5 years of age, 38—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 17. Born in the United States, 59—Ireland, 20—other places, 3.